



APPROVED MINORITY VENDOR



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Toll-Free 800-267-2531 Fax 888-526-8374

Please return to: Askchuck@atworkuniforms.com

NEW CUSTOMER SET-UP FORM

TODAY'S DATE: _____

TYPE OF BUSINESS: _____

BILL TO

SHIP TO (if Different)

Change Type/Status
Chg Effective Date

Company Name

Avendra Unit ID

Unit Name

Address Line 1

Address Line 2

City

State

Zip

Country

Customer Phone:

Customer Fax:

CONTACTS

Name	Position	Phone Number	Fax Number	Email

A/P Contact: _____ Email for Invoices: _____

AT WORK UNIFORMS OFFICE USE

ENTERED BY: _____

TAX CODE 1 _____

ACCOUNT #: _____

DATE ENTERED: _____

TAX CODE 2 _____

CREDIT SCORE: _____